

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90116 016 ****61.25

DOCUMENT # 749482
 1. Entity Name
PIEDMONT "E" ASSOCIATION, INC.

Principal Place of Business Mailing Address
 C/O PRIME MANAGEMENT GROUP, INC.
 6300 PRK OF COMMERCE BLVD
 BOCA RATON FL 33487
 US

C/O PRIME MANAGEMENT GROUP, INC.
 6300 PRK OF COMMERCE BLVD
 BOCA RATON FL 33487-8229
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2039753 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SWATT, MYRON
6300 PK OF COMMERCE BLVD
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	BIKOFSKY, BABE	
STREET ADDRESS	197 PIEDMONT E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FINANDER, SID	
STREET ADDRESS	234 PIEDMONT E	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEMPLER, ARNOLD	
STREET ADDRESS	206 PIEDMONT E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WENGER, LEO	
STREET ADDRESS	KINGS PT. PIEDMONT E 210	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUFER, ALEX	
STREET ADDRESS	PIEDMONT E 237	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JACK	
STREET ADDRESS	PIEDMONT E 236	
CITY-ST-ZIP	DELRAY BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bikofsky, Babe	
STREET ADDRESS	197 piedmont E	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kempler, Arnold	
STREET ADDRESS	206 piedmont E	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ganek, G	
STREET ADDRESS	218 piedmont E	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blufer, Alex	
STREET ADDRESS	237 piedmont E	
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Jack	
STREET ADDRESS	236 piedmont E	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONATI BIKOFSKY Date: 2/17/00 Daytime Phone #: 561-499-0087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)